| Best Available  |  |                      |                   |            |                |   |        |                |          |  |               |                     |                 |
|---|--|----------------------|-------------------|------------|----------------|---|--------|----------------|----------|--|---------------|---------------------|-----------------|
| Best Available Copy Application or Docket Number  |  |                      |                   |            |                |   |        |                |          |  |               |                     | ber             |
| PATENT APPLICATION FEE DETERMINATION RECORD   |  |                      |                   |            |                |   |        |                | 6        | 20/                                    | $\Delta \ell$ | 101                 | 11              |
| Effective October 1, 2000   |  |                      |                   |            |                |   |        |                |          |  | <u>'/'</u>    | 124                 |                 |
| CLAIMS AS FILED - PART I  |  |                      |                   |            |                |   |        |                | .EN      | <u> </u>                               |               | OTHER               |                 |
| (Column 1) (Column 2) TOTAL CLAIMS  |  |                      |                   |            |                |   |        | TYPE           |          |  | OR            | SMALL               |                 |
|   |  |                      |                   |            |                |   |        | RATE           | $\dashv$ | FEE                                    |               | RATE                | FEE             |
| FOR   |  |                      | NUMBER FILED      |            | NUMBER EXTRA   |   |        | BASIC          | FEE      | 355.00                                 | OR            | BASIC FEE           | 710.00          |
| TOTAL CHARGEABLE CLAIMS   |  |                      | @ minus 20=       |            | · 6            |   |        | X\$ 9          | =        |  | OR            | -X\$18=             | 108             |
| IND   | EPENDENT CL                                    | AIMS                 | // minus 3 =      |            | *              |   |        | X40=           |          |  | OR            | X80=                |                 |
| MU  | LTIPLE DEPENI                                  | DENT CLAIM PF        | RESENT            | •          |                | L135  |        |                |          |  |               | +270=               |                 |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |                      |                   |            |                |   |        |                |          | OR                                     |               | 010                 |                 |
| TOTAL   |  |                      |                   |            |                |   |        |                |          |  | OR            | TOTAL               | 8/8             |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |                      |                   |            |                |   |        | SMAI           | LL E     | ENTITY                                 | OR            | OTHER<br>SMALL I    |                 |
| A   |  | CLAIMS<br>REMAINING. |                   | HIGH       | HEST<br>MBER   | PRESENT                                       | 1      |                |          | ADDI-                                  |               |                     | ADDI-           |
| AMENDMENT   |  | AFTER<br>AMENDMENT   |                   | PREVI      | OUSLY          | EXTRA   |        | RATE           |          | TIONAL<br>FEE                          |               | RATE                | TIONAL<br>FEE   |
|   | Total  | AMERICALINE          | Minus             | **         | 71011          | =   | 1      | X\$ 9          | = -2.    |  | OR            | X\$18=              |                 |
| MEN   | Independent                                    |                      | Minus             | ***        |                | =   | 1      | X40:           | _        | ************************************** | 72            | X80=                | Ser Property    |
| A   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                      |                   |            |                |   |        | 740            | _        |  | OR            |                     | -               |
|   | -  |                      |                   |            |                |   |        |                | =        |  | OR            | +270=               |                 |
|   |  |                      |                   |            |                |   |        | TO<br>ADDIT. F |          |  | OR            | TOTAL<br>ADDIT. FEE |                 |
|   | (Column 1) (Column 2) (Column 3)               |                      |                   |            |                |   | )      |                |          |  |               |                     | 4.              |
| AMENDMENT B   |  | CLAIMS<br>REMAINING  |                   | NUM        | MBER           | PRESENT                                       |        | RAT            | _        | ADDI-<br>TIONAL                        |               | RATE                | ADDI-<br>TIONAL |
|   |  | AFTER<br>AMENDMENT   |                   |            | OUSLY<br>DFOR  | EXTRA   |        | TIATE          |          | FEE                                    |               | IIAIL               | FEE             |
|   | Total  | *                    | Minus             | **         |                | =   |        | X\$ 9          | =        | •                                      | OR            | X\$18=              |                 |
|   | Independent                                    | * .                  | Minus             | ***        |                | <u> </u> =                                    | 1      | X40            | =        |  | OR            | X80===              | -               |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                      |                   |            |                |   |        | .405           |          |  |               | +270=               |                 |
|   | $\frac{f}{f}$                                  |                      |                   |            |                |   |        | +135<br>TO     |          |  | OR            | +27U=<br>TOTAL      | :               |
|   |  |                      |                   |            |                |   |        | ADDIT. F       |          |  | OR            | ADDIT. FEE          |                 |
| <u> </u>  |  | (Column 1)<br>CLAIMS |                   |            | imn 2)<br>HEST | (Column 3                                     | 3)     |                |          |  |               | <del></del>         |                 |
| AMENDMENT C   |  | REMAINING<br>AFTER   |                   | NUI        | MBÉR<br>IOUSLY | PRESENT<br>EXTRA                              |        | RATI           | =        | ADDI-<br>TIONAL                        |               | RATE                | ADDI-<br>TIONAL |
|   |  | AMENDMENT            |                   |            | FOR            | EATRA   | 4 1    | -              | _        | FEE                                    |               |                     | FEE             |
| Ş   | Total '  | *                    | Minus             | **         |                | =   | 4      | X\$ 9          | Ę į      |  | OR            | X\$18=              |                 |
| AME   | Independent                                    |                      | Minus             | ***        |                | <u> -                                    </u> | 4      | X40=           | =        |  | OR            | X80=                |                 |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                      |                   |            |                |   |        | 405            |          |  |               | . 270               |                 |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |                      |                   |            |                |   |        |                |          |  | OR            | +270=<br>TOTAL      |                 |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |                      |                   |            |                |   |        |                |          |  | OR            | ADDIT. FEE          |                 |
|   | The "Highest Nur                               | nber Previously Pa   | aid For" (Total o | or Indepen | dent) is the   | e highest numt                                | ber fo | und in the     | e apı    | propriate bo                           | x in co       | lumn 1.             |                 |